

Investigation and Prosecution of Worthless Check Cases

In an effort to assist you in dealing with problems related to worthless checks, the Menomonee Falls Police Department has prepared this packet of information and forms. If, after reviewing this material, you have questions or problems that are not addressed, you may contact a detective for assistance by calling 532-8700.

You have been provided separate procedures to use depending on your loss.

1. Follow the FELONY procedure if the check is in an amount of \$2500.00 or more; or, if a series of checks from a single source written within a 90-day period equal or exceed \$2500.00 when added together.
2. Follow the Waukesha County District Attorney's procedure for all checks that amount to less than \$2500.00 from a single source written within a 90-day period.

When you follow the procedure utilizing the attached material please be sure to follow all the procedural steps and complete all the forms.

After you have completed all of the steps and if the Menomonee Falls Police Department will conduct the investigation for felony offenses, Contact the Menomonee Falls Police Department at (262) 532-8700 to make an appointment with a detective.

Your cooperation will assist us in properly handling your case. Thank you for your assistance.

FELONY PROCEDURE FOR PROCESING WORTHLESS CHECK COMPLAINTS

Check is in the amount of \$2500.00 or more **OR** a series of check(s) within a 90-day period from a single source equal to or exceeding \$2500.00

STEP 1: Implement Sound Check Cashing Procedures:

An ounce of prevention goes a long way in preventing problems with worthless checks. Be sure that you have implemented good business practices and have trained your employees in check cashing procedures. Good identification practices will greatly assist in prosecution and recovery of losses in bad check cases.

The Waukesha County District Attorney's Office will only attempt to obtain restitution or prosecution for the issuance of a worthless check when the check is used as payment for a current consideration and the receiver of the check has received identification. (i.e. Driver's License, Wisconsin Identification Card, Check Cashing Identification, etc.)

STEP 2: Demand For Payment:

Before you submit a worthless check to the Menomonee Falls Police Department for processing, you must send a certified letter to the issuer demanding payment within five days. It is recommended that you do this as soon as possible. Your letter should be clear and to the point. It is preferred that you use the U.S. Postal Service and obtain a signed receipt (green card) of delivery.

If you must use personal service of your written demand for payment, an affidavit of service should be completed.

STEP 3: Referral For Prosecution:

If your demand for payment is not honored within five days the attached check verification form and complaint authorization should be completed and brought in to the police department when you come in to discuss your case.

The employee who accepted the original check must complete the check verification form for each check involved. This will eliminate the necessity for their personal appearance to verify the checks before a formal complaint can be signed.

The complaint authorization must also be completed and returned. Remember to identify the "complainant", the person who is authorized to sign a formal complaint. This same person should sign the authorization form.

Remember that in authorizing the Menomonee Falls Police Department to institute a criminal action you have agreed to not accept payment for any of the check(s) included unless authorized by the District Attorney. The District Attorney's Office will make every effort to secure restitution for your losses.

NOTICE

TO: _____ DATE: _____

The following check(s) has/have been returned dishonored by the bank for the reason(s) indicated:

MADE PAYABLE TO DATE AMOUNT DRAWN ON DISHONORED BECAUSE

PLEASE TAKE NOTICE that in the event the amount due on this/these check(s) is not paid by Cash, Certified Check or Money Order, to the undersigned within **FIVE (5) DAYS** from the date of this **Notice**, it shall be presumed the check(s) was/were issued without intent to pay and same will be referred to the Menomonee Falls Police Department for prosecution. **THIS IS YOUR FIVE (5) DAY WRITTEN NOTICE** pursuant to Section 943.24 Wisconsin Statutes.

Signature

MAKE PAYMENT TO:

NAME: _____

ADDRESS:

PHONE:

VERIFICATION FORM

--

This is to certify that the above check was accepted by me as payment on _____ for
_____ while I was working as a _____ at:

Name of Store: _____

Address: _____

City: _____

Identification Used:

Known from past contact

Name: _____
(Signature)

Store Check Cashing Card

Name: _____
(Print)

Drivers License

Date of Birth: _____ / _____ / _____

Other

Home Address: _____

City: _____

Home Phone: _____

Date: _____ / _____ / _____

COMPLAINANT

Name _____
Home Address _____
Home Phone _____
Job Title _____

FIRM Winscribe Jobs

Name _____
Address _____
Telephone _____

PERSON PASSING CHECK

Name _____ Age _____
Address _____
I.D. Used _____ Driver's License # _____
Description:
Race _____ Sex _____ Height _____ Weight _____
Hair _____ Eyes _____ Glasses _____ Other _____

PERSON ACCEPTING CHECK

Name _____
Home Address _____
Home Phone _____
Job Title _____
Witnessed writing of check: _____ YES _____ NO

INCIDENT**(Circle One)**

Address _____ City/ Town/ Village _____
Date Check Passed _____
Check # _____ Date _____ / _____ / _____ Bank _____
Payee _____ Amount _____ Maker _____
Account # _____ Reason Returned _____
Check issued for: Cash _____ /Amount \$ _____ Goods _____ /Amount \$ _____
Is passer previously known? _____
Passer can positively be identified by _____

COMPLETE THE FOLLOWING (Check if Applicable)

<input type="checkbox"/> Check was postdated	<input type="checkbox"/> Firm agreed to hold check
<input type="checkbox"/> Partial payment has been accepted	<input type="checkbox"/> Check was for prior consideration
<input type="checkbox"/> Check was payment on rent or open account	<input type="checkbox"/> Check has prior endorsement

5-DAY NOTICE AND DEMAND

Notice sent by registered mail _____

Accepted _____

Describe other demands made _____

We hereby authorize the Menomonee Falls Police Department to institute action against the maker of the check. It is understood that should the defendant desire to pay the amount of the check, payment will be refused until such time as authorized by the Menomonee Falls Police Department. Payment of the check may be considered for mitigation or reducing punishment, but not as a basis for dismissal.

Date _____ Print Name _____

Signature _____